

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

| | | | |
|--------------------------|---|------------|-----------------------------|
| Public Employer: | Borough of Allendale | County: | Bergen |
| Employee Organization: | Local No. 11, Affiliated with International Brotherhood of Teamsters | | |
| Base Year Contract Term: | 1/1/2009 | 12/31/2011 | New Contract Term: 1/1/2012 |
| Base Year Contract Term: | 1/1/2009 | 12/31/2011 | 12/31/2014 |
| Type of Settlement: | <input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation | | |

| | | Column A Base Year - Total Costs (Last Year of Previous agreement) | Column B New Base Year - Total Costs (First Year of Successor agreement) |
|--|------------------|--|--|
| Section II: Economic | | | |
| Item 1 | Salary | | |
| Item 2 | Increment | | |
| Item 3 | Longevity | | |
| Item 4 | | | |
| Item 5 | | | |
| Item 6 | | | |
| Item 7 | | | |
| Item 8 | | | |
| Item 9 | | | |
| Item 10 | | | |
| Item 11 | | | |
| Item 12 | | | |
| Any additional items list on separate sheet | Additional Items | | |
| Section III: Totals - Sum of costs in each column | | (Total) | (Total) |

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) _____

Effective Date (mm/yy) _____

Percent Increase _____

Total cost of increase _____

Total base salary (successor agreement) _____

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) _____

Dollar Impact (average per year over term of agreement) _____

Section VIHealth Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 |
|------------------------------|-----------|--------|
| Cost of Health Plan | _____ | _____ |
| Employee Contributions | _____ | _____ |
| Prescription | _____ | _____ |
| Dental | _____ | _____ |
| Vision | _____ | _____ |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.**Section VII**

Prepared by:

Gwen McCarthy

Title: Municipal Clerk

Gwen McCarthy
Print Name
Signature

Date: 10/2/2013